

**WOODROW WILSON REHABILITATION CENTER**  
**Fishersville, Virginia 22939**

**PARENTAL CONSENT FORM**

**Client's Name:** \_\_\_\_\_

As the above-named client is under the age of 18, it is necessary Woodrow Wilson Rehabilitation Center to secure permission from the patient or guardian for certain activities. Please indicate your feelings regarding the items listed below and sign the form. This form should be completed and returned to the Center when the client enrolls. If we do not have the form, then the client will not be given the opportunity to participate in any of these activities and will be restricted to our campus.

Check one of the blanks to indicate your wishes as permission for:

| Yes                      | No                       | Prior<br>Approval<br><u>Requested</u> |   |
|--------------------------|--------------------------|---------------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 1. Day passes to town with family.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 2. Day passes to town with people other than family.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 3. Overnight passes with family.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 4. Overnight passes with other than family.                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 5. Weekend passes with family.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 6. Weekend passes with other than family.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 7. Center sponsored student recreational trips.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 8. Traveling by car with someone other than a Center driver.                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | 9. Traveling by public transportation.  |
|                          |                          |                                       | Are there any restrictions, limitations or problems you wish us to be aware of? |

\_\_\_\_\_  
\_\_\_\_\_

|                          |                          |                          |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If the client becomes eligible for sign-out privileges (freedom to come and go at will), do we have your permission to grant this? |
|--------------------------|--------------------------|--------------------------|--|

Signature: \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_